**6.0 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE**
**FOR MILWAUKEE COUNTY CONTRACTS**

**In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or**

**SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify) _____ (Henceforth referred to as VENDOR) certifies to MILWAUKEE COUNTY as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.**

**Non-Discrimination**

**VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, age, sex or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.**

**VENDOR will post in conspicuous places, available to its employees; notices to be provided by the County setting forth the provisions of the non-discriminatory clause.**

**A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.**

**Affirmative Action Program**

**VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.**

**Non-Segregated Facilities**

**VENDOR certifies that it does not and will not maintain or provide for its employees and segregated facilities at any of its establishment, and that it does not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained.**

**Subcontractors**

**VENDOR certifies that it has obtain or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any sub-contracts, and that it will retain such certifications in its files.**

**Reporting Requirements**

**Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures in Title Code 41 Code of Federal Regulations, Chapter 60.**

**Affirmative Action Plan**

**VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with ANY one of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Audit Services Division, Milwaukee County Office of the Comptroller, 633 W. Wisconsin Avenue, Suite 904, Milwaukee Wisconsin 53203. If a current plan has been filed, indicate where filed _____ and the year covered _____. Please provide proof of your AA Plan approval.**

**VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.**

**Employees**

**VENDOR certifies that it has _____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha,**
**(No. of employees)**
**Ozaukee and Washington, Wisconsin) and _____ employees in total.**
**(No. of employees)**

**Compliance**

**VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.**

**Executed this _____ day of _____ 20 __ __ by:**

**Firm Name _____**

**WARNING: An unsigned form shall be considered as a negative response.**

**Address _____**

**City, State, Zip _____**

**By _____ _____**
**(Signature) (Title)**

**EEO-2532 R2**